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# **Division of Disability & Rehabilitative Services**

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## **Bureau of Quality Improvement Services**



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# **Incident Reporting and Management Training**

**February 2011**

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# General Overview

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- Incident Reporting and Management Policy
- Overriding Guideline
- Life Cycle of an Incident
- Components of an Initial and Follow-up Incident Report
- What is a Reportable Incident?
- Quality Assurance/Quality Improvement

# Incident Reporting and Management Policy

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- Effective March 1, 2011
- Applies to all individuals receiving supports/services through BDDS.
- Available at <http://www.in.gov/fssa/ddrs/3340.htm>
- Frequently Asked Questions (FAQs) also available at <http://www.in.gov/fssa/ddrs/3838.htm>

# Mandated Reporters

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- Who is a mandated reporter? All provider staff, case managers, service coordinators and other BDDS staff, BQIS staff, etc.
- Required to report alleged, suspected or actual abuse, neglect or exploitation of an individual.
- Required to report any incident that meets the criteria of a reportable incident.

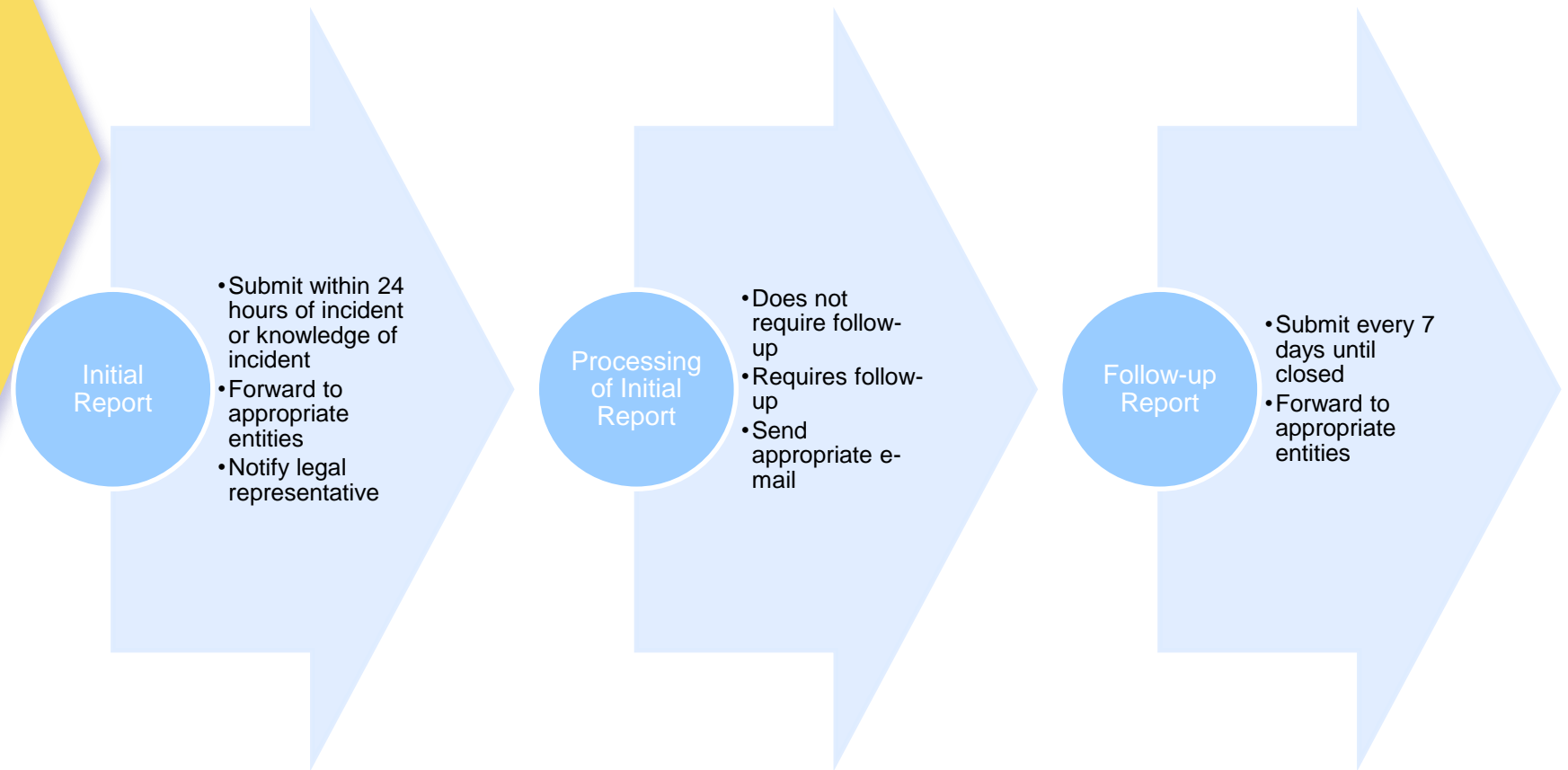
# **Reportable Incident Guideline**

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Reportable incidents are any event or occurrence characterized by risk or uncertainty  
*resulting in or*  
*having the potential to result in*  
significant harm or injury to an individual...

# Life Cycle of an Incident Report

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# Initial Incident Report – Who Gets This?

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- The reporting person forwards a copy of the submitted Incident Initial Report within 24 hours to:
  - APS/CPS (any allegation of abuse, neglect, exploitation or death);
  - BDDS service coordinator;
  - Residential provider when receiving residential services;
  - Case manager when receiving services funded by waiver;
  - All other service providers identified in the ISP (e.g., day services, behaviorists, etc.); and
- Notifies the legal representative of the incident.



# Follow-up Report – Who Gets This?

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- The person responsible for follow-up forwards a copy of the submitted Follow-up Report(s) to the same people who received a copy of the Incident Initial Report.

# Entity Responsible for Submitting Follow-up Report

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For anyone receiving  
waiver services

Autism waiver,  
DD waiver, or  
Support Service waiver



**CASE MANAGER**

For anyone receiving  
State Line Item (SLI) only,  
LP-ICF, or  
Supervised Group  
Living (SGL)  
Services



**RESIDENTIAL  
PROVIDER**

For anyone receiving  
Title XX or  
nursing home  
services



**BDDS SERVICE  
COORDINATOR**

For anyone receiving  
Caregiver Supports



**PROVIDER**

# Components of an Initial Incident Report

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- Is comprehensive, but concise (who, what, where, when, why, how);
- Is objective;
- Describes the incident, circumstances, and activities taking place immediately prior to the incident;
- Is written so it is clear who did what (first name and last initial);

# **Components of an Initial Incident Report (continued)**

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- Is written so the roles of the people involved are clear (e.g., victim, alleged perpetrator, staff, family, etc.);
- Uses formal names (not nicknames or middle names) – this assists with verifying the incident report is linked to the correct person;

# Components of an Initial Incident Report (continued)

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- Includes information relative to:
  - Any injury sustained and the body part(s) affected (e.g., a 3" laceration to the left lower arm, a purple bruise in the shape of a heel print on the right thigh);
  - The type of treatment given, who provided the treatment, and the treatment location;
  - If someone goes to the ER, urgent care facility or hospital, include what testing was completed and/or what diagnosis was determined;

# **Components of an Initial Incident Report (continued)**

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- Includes whether there is a history of this type of incident (e.g., pattern, same people involved, same time, same location, etc.);
- Indicates if there any risk plans in place at the time of the incident. Indicates if the risk plans were being implemented;
- If relocated, includes the site (business/home, street, city) of relocation;

# **Components of an Initial Incident Report (continued)**

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- States who reported the incident (e.g., individual, staff, family member, neighbor);
- Includes whether there was any negative outcome;
- Includes what supports/counseling are in place for alleged victims of abuse, neglect or exploitation;

# **Components of an Initial Incident Report (continued)**

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- If a restraint/hold was used, indicates the type of restraint/hold used, the length of time of the restraint/hold, and whether it is part of an approved Behavior Support Plan (BSP).



# Components of a Plan to Resolve

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- Includes immediate actions taken such as:
  - Staff suspension (in the event of an allegation of abuse, neglect or exploitation) from duty pending the outcome of the investigation;

# **Components of a Plan to Resolve (continued)**

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- Includes immediate actions taken and actions planned, but not yet implemented to resolve the incident such as:
  - Staff in-service;
  - Additional monitoring;
  - Individual Support Team (IST) meeting;
  - Review/revision of ISP/BSP/risk plan;
  - Review of agency policy/procedure/practice;
  - Medical appointment;

# **Components of a Plan to Resolve (continued)**

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- Includes the person responsible;
- Includes a completion date;
- Includes a statement indicating any disciplinary actions taken (e.g., termination, reprimand, probation, etc.);

# **Components of a Plan to Resolve (continued)**

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- If restrictions are being implemented, includes information on whether the restrictions have been reviewed and approved by a Human Rights Committee (HRC), when they will go through HRC, and what the emergency approval process is in the meantime.

# Components of a Follow-up Report

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- Describes any additional follow-up or systemic actions being taken to address health and safety;
- Is thorough and complete;
- Answers any questions that might have been asked when the initial incident report was processed;

# **Components of a Follow-up Report (continued)**

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- If a medical condition has changed, includes information regarding the change (e.g., sutures removed, cast will remain on an additional two weeks, etc.);
- Includes a statement indicating any disciplinary action taken (e.g., termination, reprimand, probation, etc.);
- Includes a summary of the results of the investigation (if allegation or unknown injury).

# **Reportable Incident Guideline**

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Reportable incidents are any event or occurrence characterized by risk or uncertainty  
*resulting in or*  
*having the potential to result in*  
significant harm or injury to an individual...

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **physical abuse** including, but not limited to:
  - Intentionally touching another person in a rude, insolent or angry manner;
  - Willful infliction of injury;
  - Unauthorized restraint/confinement resulting from physical or chemical intervention;
  - Rape;



# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **sexual abuse** including, but not limited to:
  - Non consensual sexual activity;
  - Sexual molestation;
  - Sexual coercion;
  - Sexual exploitation;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **emotional/verbal abuse** including, but not limited to:
  - Communicating with words or actions in a person's presence with intent to:
    - Cause fear of retaliation;
    - Cause fear of confinement or restraint;
    - Cause person to experience emotional distress/humiliation;
    - Cause person to be viewed by others with hatred, contempt, disgrace or ridicule;
    - Cause person to react in a negative manner;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **domestic abuse** including, but not limited to:
    - Physical violence;
    - Sexual abuse;
    - Emotional/verbal abuse;
    - Intimidation;
    - Economic deprivation;
    - Threats of violence
- from a spouse or cohabitant intimate partner;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **neglect** including, but not limited to:
  - Failure to provide appropriate supervision, care or training;
  - Failure to provide a safe, clean and sanitary environment;
  - Failure to provide food and medical services as needed;
  - Failure to provide medical supplies/safety equipment as indicated in the ISP;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual **exploitation** including, but not limited to:
  - Unauthorized use of the:
    - Personal services;
    - Personal property or finances; or
    - Personal identityof an individual;
- or other instance of exploitation for one's own profit or advantage or for the profit or advantage of another;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Peer to peer aggression that results in significant injury by one person receiving services to another person receiving services;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Death;
- Service delivery site with a structural or environmental problem that jeopardizes or compromises the health/welfare of an individual;
- Fire at a service delivery site that jeopardizes or compromises the health/welfare of an individual;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health/welfare;
- Missing person when an individual wanders away and whereabouts are unknown;



# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Alleged, suspected, or actual criminal activity by an individual receiving services OR an employee, contractor/agent of a provider when:
  - The individual's services/care are affected or potentially affected;
  - The activity occurred at a service site or during service activities;
  - The individual was present at the time of the activity regardless of the location;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- An emergency intervention (such as a hospital admission or emergency room visit, etc.) resulting from:
  - A physical symptom
  - A medical or psychiatric condition
  - Any other event

# Reportable Incident Criteria

## (including, but not limited to)

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- Any injury to an individual when the cause is unknown **AND** the injury could be indicative of abuse, neglect or exploitation;
- Any injury to an individual when the cause is unknown **AND** the injury requires medical evaluation or treatment;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- A significant injury includes, but is not limited to:
  - Fracture;
  - Burn (including sunburn and scalding) greater than first degree;
  - Choking requiring intervention (e.g., Heimlich, finger sweep, back blows);

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- A significant injury includes, but is not limited to:
  - Bruise/contusion larger than 3 inches in any direction or pattern of bruises regardless of size;
  - Laceration which requires more than basic first aid;
  - Occurrence of skin breakdown related to a decubitus ulcer;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- A significant injury includes, but is not limited to:
  - Any injury requiring more than first aid;
  - Any puncture wound penetrating the skin, including human or animal bites;
  - Any pica ingestion requiring more than first aid;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- A fall resulting in injury, regardless of the severity of the injury;

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- A medication error or medical treatment error as follows:
  - Wrong medication given; **OR**
  - Wrong medication dosage given; **OR**
  - Missed medication – not given; **OR**
  - Medication given wrong route; **OR**
  - Medication error that jeopardizes health/welfare and requires medical attention;



# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Use of any aversive technique including, but not limited to:
  - Seclusion;
  - Painful or noxious stimuli;
  - Denial of a health-related necessity;
  - Other aversive technique identified by DDRS policy  
([http://www.in.gov/fssa/files/Aversive\\_Techniques.pdf](http://www.in.gov/fssa/files/Aversive_Techniques.pdf));

# **Reportable Incident Criteria**

## **(including, but not limited to)**

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- Use of any PRN medication related to an individual's behavior;
- Use of any restraint (physical/manual, mechanical) for behavioral reasons regardless of:
  - Planning;
  - Human Rights Committee approval;
  - Informed consent.

# Incident Reporting

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Incident reports are tools to assist with

- identification,
- assessment,
- reporting, and
- resolution of issues

affecting health and safety.

# Quality Assurance/ Quality Improvement

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# Provider Internal Incident Reports

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- If an incident is determined by the provider to not meet the criteria of a reportable incident as described in the policy, upon request, the internal incident report shall be made available to:
  - the case manager (if applicable) or
  - any representative of DDRS, Indiana State Department of Health or Office of Medicaid Policy and Planning (OMPP).

# **Maintenance of Incident Report Data**

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- All documentation related to incident reporting, regardless of format, shall be maintained for a minimum of 7 years.

# Website to Submit Incident Reports

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<https://ddrsprovider.fssa.in.gov/IFUR/>

# **Incident Reporting Contact Information**

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E-mail:

Tom.Talarico@fssa.in.gov

Telephone:

1-866-296-8322



# Resource Information

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## **BQIS Director:**

- Anne Davis: (317) 234-1147
- Email: [Anne.Davis@fssa.in.gov](mailto:Anne.Davis@fssa.in.gov)

## **BQIS Assistant Director:**

- Shelly Thomas: (317) 234-2764
- Email: [Shelly.Thomas@fssa.in.gov](mailto:Shelly.Thomas@fssa.in.gov)